

# CAST INFORMATION SHEET MILPITAS RAINBOW THEATRE

Play: \_\_\_\_\_

## **Cast Member Personal Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Circle One: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_ Parent email address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

## **Weekly Schedule: Indicate any days you could not attend rehearsals and why:**

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Please list any vacation dates: \_\_\_\_\_

Are you interested in being on crew? ☐ YES ☐ NO Are there any parts you will not accept? \_\_\_\_\_

List any special talents or skills you have (i.e., singing, dancing, gymnastics, musical instrument, juggling, etc.) \_\_\_\_\_

What school do you attend? \_\_\_\_\_

Does the participant(s) require any special accommodations to participate in these activities?

☐ YES ☐ NO If yes, a Recreation Services staff person will contact you.

Indicate any health problems such as asthma, diabetes, allergies, hyperactivity, special needs, medication, or disabilities: \_\_\_\_\_

Name of Medical Provider (if applicable) \_\_\_\_\_

Present Physician/Location (if applicable) \_\_\_\_\_

If you are cast, there is a participation fee of \$35.00 for residents and \$45 for non-residents.

## **Cast fees and participation waivers are due at the auditions.**

|  |  |          |
|--|--|----------|
| I authorize the use of my: _____ MasterCard _____ Visa _____ | <b>Sub-total of Fees:</b>  | \$ _____ |
| Name as it appears on card: _____                            | Applicable Credit/Scholarship  | \$ _____ |
| Card #: _____  | <b>Total Fees Enclosed:</b>  | \$ _____ |
| Expiration Date: _____ Month: _____ Year: _____              | Make checks payable to "City of Milpitas" and write your child's name, your driver's license number, month/day/year of expiration on the face of your check. |          |
| Signature: _____ Date: _____                                 |  |          |

I, \_\_\_\_\_ declare that I am the parent/legal guardian of \_\_\_\_\_  
I, the undersigned do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. The understigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also agree, as a participant of any paid or free event, class, activity, or program, to grant full permission to the City of Milpitas to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate. A \$10 service charge will be withheld from each class for all refund requests. Refunds may take up to 15 business days for processing. A \$10 late fee will be charged at the end of rehearsals/performances, with an additional \$10 for every 10 minutes thereafter.

## **OFFICE USE ONLY**

Character: \_\_\_\_\_ Cast A B Costume Cost: \$ \_\_\_\_\_